



**Merced County Sheriff's Office
Coroner Division**

455 East 13th Street
Merced, CA 95341-6213

Vernon H. Warnke
Sheriff-Coroner

Mark A. Super, MD
Forensic Pathologist

REPORT OF AUTOPSY

AUTOPSY

EXTERNAL EXAMINATION

DECEDENT: VEGA, ALEJANDRO ALEX

CORONER CASE #: 15 - 33086

DATE/TIME OF DEATH: 09/20/2015 @ 10:00

INVESTIGATOR: M. Morton

DATE OF EXAMINATION: 09/23/2015

TIME OF EXAM: 13:30

AGE: 29

SEX: Male

HEIGHT: 68 in.

WEIGHT: 130 lb.

AUTOPSY FINDINGS

1. Multiple subscalpular and subgaleal contusion hemorrhages.
2. Swollen softened brain with anoxic/ischemic encephalopathy.
3. Status post right craniotomy.
 - a. Secondary herniation of softened necrotic brain from right craniotomy defect.
 - b. Clinical history of acute right subdural hematoma.
4. Superficial stab wounds of face, right elbow and dorsal left wrist.
5. Multiple abrasions and superficial lacerations of torso, especially back.
6. Contusions of head, neck, torso and extremities.
 - a. Contusion on right lateral neck with grid-like pattern.
7. Secondary acute hypostatic pneumonitis.
8. Status postmortem organ donation: heart, liver, pancreas, spleen, adrenals, and both kidneys.
 - a. Status postmortem bilateral apical pleural wedge biopsies.
9. Postmortem analysis of antemortem blood specimen: elevated methamphetamine level; negative for ethanol and all tested medications.

CAUSE OF DEATH: Anoxic / ischemic encephalopathy .

DUE TO: Blunt Impact head injuries.

1-28-16

Date

A handwritten signature in black ink that reads "Mark A. Super, MD".

Mark A. Super, MD
Forensic Pathologist

MERCED COUNTY SHERIFF/CORONER
CONTROLLED DOCUMENT
NOT TO BE DUPLICATED.

WITNESSES:

Deputy Coroners L. Ruscoe and A. Coleman.
Detective M. Ruiz, MCSO

AUTOPSY ASSISTANTS:

Deputy Coroners L. Ruscoe and A. Coleman.

IDENTIFICATION:

The body is received encased in a white plastic body bag that is not locked. A coroner's ID bar code sticker is attached to the outside of the bag, labeled with the subject's name and case number.

Photographs will be taken of the decedent and fingerprints will be obtained.

EVIDENCE OF MEDICAL TREATMENT:

A white sheet lies on top of the body. The head is wrapped in a bulky gauze bandage in turban style. This covers a large blue hospital pad that has been placed over the head. An oxygenic tube exits the mouth. An endotracheal tube exits the mouth and is in place, anchored by an adhesive facial brace and strap. A temperature monitor clip is adhered to the left cheek. A triple lumen catheter exits the skin over the right internal jugular area, anchored by tape and suture, dated 9/21 and initialed. An apparent recent needle puncture wound is in the right antecubital area with surrounding faint ecchymosis. An EKG pad is on the left pectoral area at the waist. A chest tube exits the anterior lower right chest through a 1.5 cm long, recent horizontal surgical incised wound anchored by suture. An EKG pad is on the top of the left shoulder. A Foley catheter exits the urethra. A short arm board is attached to the distal right wrist with team straps. This supports an intravascular catheter that exits the skin over the right radial artery, anchored by tape and suture, dated 9/22/15. The surrounding skin of the ventral right wrist is swollen and ecchymotic. An apparent crusted needle puncture wound is at the right antecubital fossa with surrounding ecchymosis. An intravenous catheter exits the left antecubital fossa, anchored by tape. A hospital-type ID bracelet encircles the left wrist, labeled with the subject's name. A red hospital-type ID bracelet also encircles the left wrist, labeled an ALLERGY ALERT NKDA. An intra-arterial catheter exits the radial left wrist, anchored by tape. A pulse oximeter is attached to distal right ring finger. A hospital-type ID bracelet encircles the right ankle, labeled with the subject's name. A disposable blood pressure cuff surrounds the left lower leg. A hospital-type ID tag is attached to the left great toe, labeled with the subject's name. A very cloth towel is beneath the lower back. An EKG pad is on the right scapular area.

Removing the outer layers of the turban bandage, including the rolled gauze and blue hospital pad reveals numerous other gauze pads over the head. The top of the head is wrapped in elastic stockinette. This covers rolled gauze that forms another turban bandage about the head. This inner turban is severely blood soaked. Removing the inner rolled gauze turban bandage reveals a folded white terry cloth towel that is wrapped horizontally across the back of the head. The towel covers another inner layer of rolled gauze in turban fashion around the head. Removing this most inner turban bandage reveals a plastic turkey bag that has been stapled to the top of the head. This bag is bulging from hemisected bloody necrotic brain tissue at the top of the head. Softened, semi-fluid necrotic brain oozes from the lower edges of this turkey bag bandage.

There is a large C-shaped recent surgical incised wound on the right side of the scalp that extends from the upper right frontal area, curving backward to the lateral right occipital area, then forward again terminating in front of the right ear. The superior several centimeters are closed by suture and the terminal several centimeters near the ear are also closed by suture. However, the rest of the incision is open. There is a large ovoid recent craniotomy involving the right parietal skull, 10 x 14 cm in area. Blood clots and softened hemorrhagic necrotic brain protrude from the gaping skin and open skull defects.

EVIDENCE OF POSTMORTEM ORGAN DONATION:

A postmortem incised wound extends from the sternal notch to the pubis, loosely closed by running suture. Opening the previous postmortem incised wound reveals a recent midline sternotomy. The pericardial sac is open and the heart is absent. The liver, gallbladder, and pancreas are absent. The spleen is absent. The intestines have been mobilized. Both kidneys are absent along with the interposed segment of the abdominal aorta. The adrenal glands are absent. Both lungs have short, recent surgical incised wounds in the apical portions of the upper lobes, both closed by wire suture, suggestive of prior wedge biopsies.

EXTERNAL EXAMINATION

The unclothed, unembalmed body is that of a normally developed, thin but adequately nourished, Hispanic male who appears consistent with reported age of 28 years. The body measures 68 inches long and weighs 130 pounds, as received. Rigor mortis is fully developed in the cool body. Lividity is faint and posterior except over pressure points.

There is bilateral red-purple periorbital ecchymosis with faint yellow-green discoloration consistent with healing, primarily involving the right upper eyelid. A jagged vertical remote scar is on the right upper forehead extending into the hairline. The scalp hair is dark brown, straight but cropped short, and averages approximately 1 cm long. Much of the hair from the scalp has been shaved for surgery, as described below. Blood is dried about much of the face, especially in the eyebrows. The irides are brown and the corneas are clear. The sclerae and conjunctivae are pale. There are a few lower right scleral hemorrhages. No conjunctival petechiae. The conjunctivae are pale. The skin of the face exhibits mottled hyperpigmentation alternating with areas of relative pallor. Blood and necrotic brain tissue is in the right ear. The nose, mouth, and left ear are free of foreign material or abnormal secretion. The nasal skeleton and facial bones are palpably intact. The upper lip is uninjured. There is a superficial 1 cm linear contusion on the inner surface of the left side of the lower lip, and the left angle of the mouth is faintly contused. The teeth are natural and in fair to poor condition. The left earlobe is remotely pierced x1.

The neck is stable and symmetric. The right side of the neck is contused as described below. On the left base of the neck is a 2.3 cm, ovoid raised remote scar.

The chest is stable and symmetric. No palpable subcutaneous emphysema. Lateral to the left nipple is an oblique, 1.7cm long remote scar. Injuries of the chest and abdomen are described below. The abdomen is scaphoid and soft. No abdominal surgical scars. The external genitalia are those of a circumcised adult male with bilaterally descended testes. No genital injuries.

The extremities are symmetric without angularity or deformity. The fingernails are uninjured and clipped short. The fingernails are only mildly soiled. The nail beds are pale. No clubbing of the digits. Short non-descript remote scars are on the back of the right hand measuring up to 3.5 cm. A monochromatic tattoo of the name DAMIAN is on the proximal ventral right forearm. On the lateral right upper arm is a monochromatic tattoo of the name ALICIA. On the back of the left hand between the thumb and index finger is a monochromatic tattoo of the words WEST SIDE partially covered up by a faint larger tattoo. The knuckle of the left middle finger is remotely scarred. Another small ovoid remote scar is on the back of the left hand. On the left forearm are several monochromatic tattoos, including: the letters SM on the dorsal forearm near the wrist, a happy mask on the dorsal forearm, a cannabis leaf on the ventral forearm, and the phrase TRUST NO ONE on the proximal ventral forearm. On the lateral left upper arm is a monochromatic tattoo of overlapping crosses. No needle tracks. The legs show no evidence of peripheral edema. The right toenail is thickened and dystrophic.

The posterior torso and anus are unremarkable except for a tattoo of the name VEGA on the upper back above a tattoo depicting Our Lady of Guadalupe. On the left upper mid-back is an ovoid 2 cm remote scar. Injuries of the back are described below.

EXTERNAL EVIDENCE OF INJURY:

Head: Shaving the residual hair from the left side of the scalp reveals an ovoid 1.5 cm red-purple contusion on the upper left parietal scalp. A band-like, 4 cm long by 1 cm wide, extension of this left parietal contusion courses backward as a faint red-purple contusion. On the lower posterior left parietal scalp is an irregularly-shaped, 2 cm red-purple superficial contusion. On the left forehead is an ovoid 1.5 cm superficial red-purple contusion. On the left lateral occipital scalp is a horizontal 1.6 cm red-purple contusion. On the bridge of the nose is a 0.4 cm, horizontal linear abrasion. Over the left inferior orbital rim is a 3 cm faint red-blue contusion. Behind the lower aspect of the left ear is an ovoid, 4 cm red-purple and yellow area of ecchymosis. Along the superior border of the left pinna is a 1.7 cm abrasion. On the lower lateral border of the pinna is a 1.5 cm abrasion. Beneath the chin in the midline is a 5 cm, faint red-purple contusion. On the right temple is a horizontal, 1.6 cm stab wound. The edges are slightly jagged. Extending upward from the superior edge is a semi-square 0.4 cm abrasion. The opposite inferior edge of the stab wound is also focally abraded. The wound path perforates through the skin and subcutis of the right temporal scalp and penetrates into subcuticular and deep intermuscular soft tissue for a depth of 3 cm.

Neck: On the right neck is a somewhat patterned, 7.5 X 2 cm red-purple contusion composed of a comb-like group of oblique linear marks situated 0.3 cm apart, oriented from lower posterior to upper anterior. The lower border of this patterned injury consists of a solid band-like mark from which the oblique marks emerge. An obliquely-oriented, 4 cm wide strip of sparing courses through this injury, also oriented from upper anterior to lower posterior.

Torso: On the left subclavicular area is a 1.8 cm irregularly-shaped superficial red-purple contusion. Over the lateral left clavicular area is an irregularly-shaped, 2 x 1 cm red-purple contusion. On the right anterior mid-chest is an oblong, 1.2cm superficial abrasion. Just below that is a semi-square 0.6 cm abrasion-excoriation with focal superficial puncture. On the lower anterior right chest is an irregularly-shaped, 5 x 1.5 cm, faint red-purple contusion with an adjacent ovoid 2cm red-purple contusion. On the anterior left mid-chest is an ovoid 1 cm faint red-purple contusion. Below the left nipple is an ovoid, 1.2 cm faint red-purple contusion. On the right lower abdomen is a pair of parallel wavy linear abrasion-superficial lacerations up to 1.3 cm long. Adjacent are tiny puncture wounds.

On the right upper neck is a 0.7 cm excoriation. On the mid-upper back on the base of the neck is an ovoid, 3 cm faint red-blue contusion. On the posterior left shoulder is a vertically-oriented, 1.8 cm abrasion within a 2 cm red-purple contusion. On the left mid-back is a superficial laceration, partially surrounded by a 1 x 1 cm red-purple contusion. On the right back is an ovoid, 1.8 cm superficial laceration within a 1 x 1.8 cm superficial red-purple contusion. On the mid-lower back is a pair of curvilinear parallel linear abrasion-superficial lacerations that measure up to 0.6 cm long, uniformly 0.3 cm apart. On the left lower back is a cluster of irregularly-shaped red-purple marks, 5 x 3 cm in area. On the mid-lower back extending onto the right buttocks is a pair of intersecting curvilinear abrasion-superficial lacerations. The superior scratch is oriented from upper right to lower left. This mark is intersected near its inferior end by a curvilinear oblique 17 cm long abrasion-superficial laceration oriented from upper left to lower right. Properly, both of these maybe are composed of parallel linear marks separated by 0.3 cm.

Arms: On the top of the right shoulder is an irregularly-shaped group of superficial red-purple contusions that are not discreetly patterned. On the top of the left shoulder is a coronally-oriented row of 0.6 cm red-purple contusions uniformly separated by 0.3-0.4 cm and resulting in a row that is 3 cm long. On the top of the left shoulder near the base of the neck is a sagittal, 1.2 cm superficial linear crusted abrasion. Near the top of the right shoulder is an oblique, 1.3 cm linear crusted abrasion. Below that on the posterolateral right upper arm is a small group of superficial red-purple contusions. A similar but larger group of superficial red-purple marks is on the anterior right upper arm near the axilla. On the lateral right upper arm is another group of superficial, non-patterned red-purple contusions, 4 x 2 cm. On the anterior right upper arm near the axilla is a 2.2 cm red-purple contusion. On the lateral right elbow is an ovoid, 0.6 cm superficial stab wound situated just lateral to the point of the elbow. The wound perforates the skin and subcutis of the lateral right elbow and penetrates superficially into muscle. A thin 0.7 cm linear abrasion courses upward from the superior edge of this stab.

On the lateral left upper arm is an irregularly-shaped, 3 cm faint red-purple contusion. Anterior to that is an ovoid, 0.5 cm faint red-purple contusion. On the back of the left wrist is a horizontal 1 cm long, stab wound that has a fish mouth appearance with thinly abraded edges. Approximating the edges reveal a slit-like wound. I am unable to detect a blunt end as both ends appear pointed. This wound extends through skin and subcutis into the muscle of the dorsal left wrist.

Legs: On the lateral right knee is a 1.5 cm red-purple contusion. On the right knee is a pair of side-by-side, faint red-purple contusions measuring up to 2 cm. On the medial left knee is a 2 cm red-purple and faint yellow healing contusion situated superior to a 2 cm faint red-blue contusion. On the left lateral popliteal area is a 3 cm faint red-purple contusion with a laterally adjacent 1 cm faint red-purple contusion. On the posterolateral left calf is an ovoid 1 cm red-purple contusion.

INTERNAL EXAMINATION

HEAD:

The scalp is reflected after making the usual intermastoid incision, which incorporates a portion of the right craniotomy incision. This reveals near diffuse subscalpular and subgaleal hemorrhage. A subscalpular hematoma composed of coagulated blood covers the exposed brain oozing from the recent right craniotomy defect. Irregular subscalpular and subgaleal hemorrhages involve the left occipital and lower mid-occipital region, which may be separate impact sites, but these are blurred by general subscalpular hemorrhage. The left temporal scalp is relatively spared, except for an ovoid subscalpular contusion hemorrhage over the upper left parietal region. A thick layer of coagulated blood covers the base of the brain and is situated over the exposed right cerebrum admixed with necrotic brain tissue and gel foam.

Approximately 150 ml of subdural coagulated blood is over the base of the brain and right temporo-parietal area. No epidural hemorrhage. There is an ovoid 10 x 14 cm recent open craniotomy on the right side of the skull.

The brain weighs 1400 grams. The brain is generally swollen and markedly softened such that it falls apart upon opening the skull. The right cerebrum consists only of fragmented and pulped brain tissue admixed with blood, blood clot and gel foam. The left cerebrum is relatively intact except for the inferior surface, which is also necrotic. The vessels at the base of the brain are unable to be adequately evaluated. Serial coronal sectioning in the fresh state reveals diffuse involvement of softened gray-tan brain by punctate hemorrhages within both white and gray matter and scattered areas of cortical hemorrhage and softening. There is generalized blurring of the gray-white interfaces. The ventricular system is able to be identified on the left and is compressed, containing bloody fluid. No intracerebral masses or abscesses. Extensive postmortem softening and necrosis makes the brain unable to be assessed for cortical contusions because the brain literally falls apart upon attempts at manipulation. The subtentorium is covered by coagulated blood and exhibits general subarachnoid hemorrhage. Similar diffusely scattered punctate hemorrhages involve the brain stem and cerebellum, without discreet lesions. The bones at the base of the skull are without evidence of fracture. The atlanto-occipital membrane is intact.

NECK:

The hyoid bone is intact with immobile joints. The larynx and trachea are unobstructed and lined by pale gray-tan mucosa. No laryngeal mucosal edema. The neck is dissected in layers revealing focal hemorrhage within the sternal end of the left sternocleidomastoid muscle and deep supravacular hemorrhage in the right side of the neck attributed to medical intervention. The cervical spine is intact. No anterior prevertebral fascia hemorrhage.

BODY CAVITIES:

The body cavities are entered through an extension of the previous postmortem incised wound on the anterior torso. Testing for free air in the pleural cavities is not done. Most of the internal organs are absent, as described above under "Evidence of Postmortem Organ Donation". The lungs are in their usual anatomic locations, but are both collapsed. Serous surfaces of residual viscera are smooth, glistening, and wet. There is no gross evidence that any of the puncture wounds of the back or chest penetrate into the chest cavities.

CARDIOVASCULAR SYSTEM:

The heart is absent. The aortic arch and most of the abdominal aorta is absent. No evidence of significant atherosclerosis in residual large vessels. The vena cava is largely absent. Residual large vessels are empty. The main pulmonary arteries are free of antemortem thrombi. The right chest tube exits the right chest cavity through the lateral aspect of the 5th Intercostal space.

RESPIRATORY SYSTEM:

The lung weights are: Right - 290 grams; Left - 260 grams. The pleural surfaces are smooth and glistening, and the lungs exhibit the usual lobation with mild anthracotic pigmentation. The lungs are both atelectatic except for the non-dependent portions of the upper lobes, which are soft, gray-tan and crepitant. Cut surfaces are generally dry. There have been recent bilateral apical wedge resections as described above, closed with running wire suture. A 0.3 cm, gray-tan, pleural-based nodule is noted in the pleura of the RUL. This is sampled histologically. No other masses are seen. No areas of gross pneumonic consolidation. No pleural contusions or lacerations. The tracheobronchial tree is unobstructed and without mass lesions.

LIVER AND PANCREAS:

Absent.

GASTROINTESTINAL SYSTEM:

The tongue is without evident injury. The pharynx is unobstructed. The esophagus is intact and lined by unremarkable gray-tan mucosa. The stomach contains 275 ml of black and granular, thick mucoid fluid with admixed small fragments of unidentifiable vegetable material. The gastric mucosa is mildly edematous and pale pink-tan, but intact, without ulcers or masses. The duodenum and the remainder of the small and large bowel are without evident mucosal abnormality. The colon contains soft formed green-brown feces and is free of blood. No colonic ulcers, hemorrhages or masses. The appendix is present.

SPLEEN AND LYMPH NODES:

The spleen is absent. Lymph nodes at the carina are blackened, but not enlarged.

ENDOCRINE SYSTEM:

The adrenal glands are absent. The thyroid gland is of the usual size, shape and consistency, but is markedly pale. No thyroid cysts or masses. The pituitary gland is unremarkable.

UROGENITAL SYSTEM:

The kidneys are both absent. The bladder is empty. There are small patchy bladder mucosal hemorrhages and the mucosa is mildly edematous. No bladder mucosal ulcers or masses. The prostate gland is not enlarged.

MUSCULOSKELETAL SYSTEM:

The red-brown muscle is firm and without focal non-traumatic abnormalities. No visible or palpable fractures of the bony thorax, vertebral column, pelvis or long bones of the extremities. The abdominal fat averages 1 cm in thickness.

TOXICOLOGY:

Samples of hospital admission blood have been obtained and will be retained. Samples of subdural clot and gastric contents are retained.

HISTOLOGY:

Sections of the RUL pleural nodule and brain are submitted. Representative sections of residual major viscera are retained in stock.

PHOTOGRAPHS:

Photographs are obtained of external and some internal findings.

X-RAYS:

An anterior-posterior x-ray of the head and neck is obtained. This reveals the large craniotomy defect in the skull. No other fractures are seen. Numerous small metallic densities are grouped about the left side of the neck suggestive of bullet fragments.

EVIDENCE:

Fingermark swabbing are obtained. DNA blood spot cards are obtained.

END: 17:00.

ANALYSIS

MICROSCOPIC DESCRIPTION:

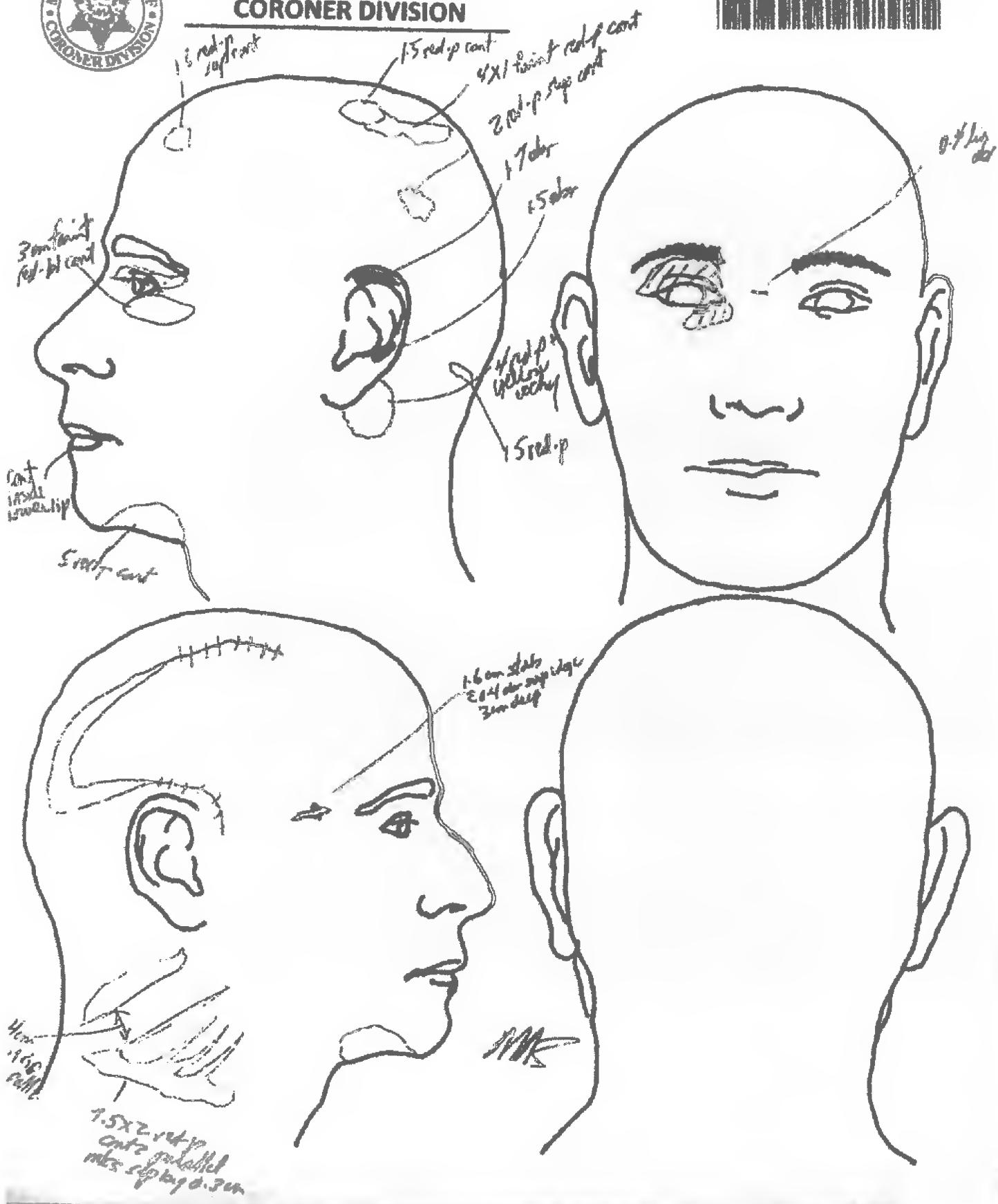
RUL pleural nodule, lung: Atelectatic lung, benign. Acute pneumonitis. No pleuritis. No tumor or granuloma seen

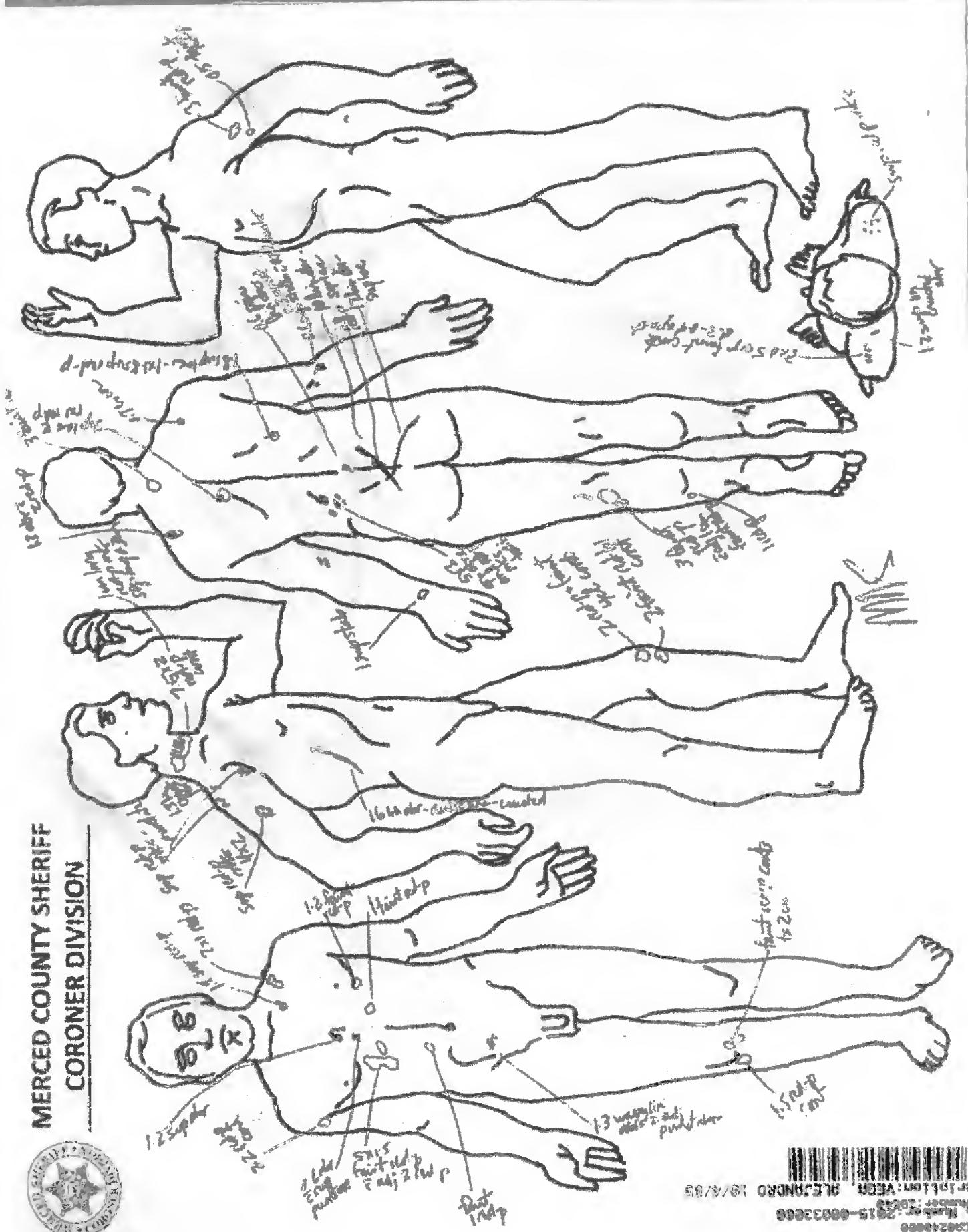
CNS: Fragmented brain parenchyma. Interstitial edema and vascular congestion. Flaccidous intraparenchymal fresh hemorrhages. Diffuse ischemic neuronal necrosis. Fragments of blood clot



MERCED COUNTY SHERIFF CORONER DIVISION

ORI:CA0249900
Case Number: 2015-00033086
Tag Number: 23048
Description: VEGA, ALEJANDRO





**MERCED COUNTY SHERIFF
CORONER DIVISION**





CENTRAL VALLEY
TOXICOLOGY, INC.

Case Name:
Vega,

TOXICOLOGY NUMBER: CVT-15-11099

Alejandro
Hospital samples: 7 ml blood (4 vials) each labeled "Alpha, Seven; 60783956; 29Y; M;
09/19/1986; (3 vials) 09/19/2015; (2 vials) 1826 hrs; (1 vial) 1827 hrs; (1 vial) 2002

Specimen Description: hrs; 108" Postmortem samples: 4 ml subdural clot blood (gray top vial), 2.25 ml
vitreous humor & 25 ml gastric each labeled "Vega, Alejandro-Continued below:

Delivered by Tricor

Date 25-Sep-15

Received by Bill Posey

Date 25-Sep-15

Request: Routine Drug Screen

Agency Case # 15-33086

Requesting Agency

Merced County Sheriff/Coroner
455 E. 13th
Merced CA 95340

Report To

Merced County Sheriff/Coroner
455 E. 13th
Merced CA 95340

RESULTS

Specimen Description Continued: CA0240000; 2015-00033086; 29848; MAS; (bld) 1745 hrs; (gastric)
1540 hrs; (vit) 1730 hrs"

Specimen: Hospital Blood/Plasma (Lt Green Top Vial-09/19/2015, 1827 hrs) &
Hospital Blood (Blue Top Vial-09/19/2015, 1826 hrs) Samples

Routine Drug Screen: Methamphetamine detected. No Cocaine, Opiates, PCP, Barbiturates,
Benzodiazepines, Methadone, Fentanyl, Tricyclic Antidepressants or
Carisoprodol detected. No Ethyl Alcohol or Acetone detected.

d-Methamphetamine = 0.15 mg/L

d-Amphetamine = Negative

Note: 1) Hospital blood/plasma (Lt Green Top) sample tested for Ethyl Alcohol and Methamphetamine
quantification/confirmation.

2) Hospital blood (Bluc Top) sample tested for Immunoassay Screen and Drug Screen.

Blood Methamphetamine Ranges

Effective Level: (0.01 - 0.05 mg/L)

Potentially Toxic: (0.2 - 5 mg/L)

B. L. Posey

October 06, 2015

B.L. POSEY

S.N. KIMBLE

Directors

1580 Tollhouse Road

Clovis, California 93611

Phone (559) 323-9540

Fax (559) 323 7502



Case Report Summary

Print Date/Time: 01/26/2019 14:06
Login ID: colsh0094
Case Number: 2015-00033066

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Case

Case Number: 2015-00033066 Incident Type: SC1144
Location: 700 W 22ND ST Occurred From: 09/20/2015 10:00
MERCEDE Occurred Thru: 09/20/2015 10:00
Reporting Officer ID: SH0265 - MORTON Disposition:
Disposition Date: Reported Date: 09/20/2015 14:26 Sunday

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
-----	-----------	------------	---------	-------------	--------

Subjects

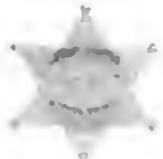
Type	No. Name	Address	Phone	Race	Sex	DOB/Age
ADDITIONAL OFFICER	1 MCSO, LANDRUM, CLINT	700 W 22ND ST MERCED				
DECEASED	1 VEGA, ALEJANDRO ALEX	[REDACTED] ST MERCED, CA 95340			MALE	10/04/1985 28
NEXT OF KIN	1 REYES, ALICIA	[REDACTED] ST MERCED, CA 95340			FEMAL	E

Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
------------	------	---------	-----------	------	-----

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
10/16/2015	EVIDENCE	MISCELLANEOU			XRAY DISC	30709	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		CASSETTES A-C (3)	29800	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		PHOTO DISC	29870	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		ADMIT BLOOD	29878	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		L FINGERNAIL SCRAPES	29853	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		R FINGERNAIL SCRAPES	29852	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		TISSUE	29851	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		DNA CARD 2	29850	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		DNA CARD	29849	1
09/23/2015	EVIDENCE	S	MISCELLANEOU		TOXICOLOGY	29848	1
09/23/2015	CORONER	DECEDENT			VEGA, ALEJANDRO 10/4/80	29840	1



Case Report

Summary

Print Date/Time: 01/26/2019 14:08
Login ID: colah0084

Case Number: 2015-00033086

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Chain of Custody

Date	Transaction	From	From Role	To	To Role
10/16/2015 09:15	Type: Intake	SH0441-AMANDA COLEMAN		SH0441-AMANDA COLEMAN	

Code: INITIAL

Tag Number: 30709

Remarks:

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 17:29	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	

Code: INITIAL

Tag Number: 29880

Remarks:

Date	Transaction	From	From Role	To	To Role
09/23/2015 17:33	Type: Release	SH0301-LAURA RUSCOE		MERCED PATHOLOGY A DIVISION OF YPMG	

Code: SENT TO PATH LAB

Tag Number: 29880

Expected Return Date:

Remarks:

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 16:59	Type: Intake	SH0301-LAURA RUSCOE		SH0301-LAURA RUSCOE	

Code: INITIAL

Tag Number: 29879

Remarks:

Date	Transaction	From	From Role	To	To Role
09/23/2015 16:59	Type: Release	SH0295-MARK MORTON		SH0084-MIKE RUIZ	

Code: CORONER REL TO INV AGENCY

Tag Number: 29879

Expected Return Date:

Remarks:

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 16:59	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	

Code: INITIAL

Tag Number: 29876

Remarks:

Date	Transaction	From	From Role	To	To Role
09/24/2015 15:39	Type: Release	SH0441-AMANDA COLEMAN		CENTRAL VALLEY TOXICOLOGY	

Code: SENT TO TOX LAB

Tag Number: 29876

Expected Return Date:

Remarks:



Case Report

Summary

Print Date/Time: 01/28/2019 14:08
Login ID: coish0034
Case Number: 2015-00033086

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 14:14	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: INITIAL				
	Tag Number:	29853			

Remarks:

09/23/2015 16:59	Type: Release	SH0295-MARK MORTON		SH0084-MIKE RUIZ
	Code: CORONER REL TO INV AGENCY			
	Tag Number:	29853		
	Expected Return Date:			
	Remarks:			

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 14:13	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: INITIAL				
	Tag Number:	29852			
	Remarks:				
09/23/2015 16:59	Type: Release	SH0295-MARK MORTON		SH0084-MIKE RUIZ	
	Code: CORONER REL TO INV AGENCY				
	Tag Number:	29852			
	Expected Return Date:				
	Remarks:				

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 13:40	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: INITIAL				
	Tag Number:	29851			

Remarks:

Date	Transaction	From	From Role	To	To Role
09/23/2015 13:39	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: INITIAL				
	Tag Number:	29850			
	Remarks:				
09/23/2015 16:59	Type: Release	SH0295-MARK MORTON		SH0084-MIKE RUIZ	
	Code: CORONER REL TO INV AGENCY				
	Tag Number:	29850			
	Expected Return Date:				
	Remarks:				

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 13:39	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: INITIAL				
	Tag Number:	29849			



Case Report

Summary

Print Date/Time: 01/28/2019 14:08
Login ID: colsh0084
Case Number: 2015-00033086

MERCED COUNTY SHERIFF'S OFFICE
ORI Number: CA0240000

Chain of Custody

Date	Transaction	From	From Role	To	To Role
09/23/2015 13:38	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: INITIAL				
	Tag Number:	29848			
	Remarks:				
09/24/2015 15:39	Type: Release	SH0441-AMANDA COLEMAN		CENTRAL VALLEY TOXICOLOGY	
	Code: SENT TO TOX LAB				
	Tag Number:	29848			
	Expected Return Date:				
	Remarks:				
Chain of Custody					
Date	Transaction	From	From Role	To	To Role
09/23/2015 12:20	Type: Intake	SH0295-MARK MORTON		SH0295-MARK MORTON	
	Code: INITIAL				
	Tag Number:	29840			
	Remarks:				
09/23/2015 12:21	Type: Release	SH0301-LAURA RUSCOE		SH0301-LAURA RUSCOE	
	Code: XRAY				
	Tag Number:	29840			
	Expected Return Date:				
	Remarks:				
09/23/2015 12:40	Type: Intake	SH0301-LAURA RUSCOE		SH0301-LAURA RUSCOE	
	Code: XRAY				
	Tag Number:	29840			
	Remarks:				
09/23/2015 13:37	Type: Release	SH0301-LAURA RUSCOE		SH0377-MARK SUPER	
	Code: AUTOPSY				
	Tag Number:	29840			
	Expected Return Date:				
	Remarks:				
09/23/2015 17:32	Type: Intake	SH0377-MARK SUPER		SH0301-LAURA RUSCOE	
	Code: AUTOPSY				
	Tag Number:	29840			
	Remarks:				
09/29/2015 08:19	Type: Release	SH0301-LAURA RUSCOE		STRATFORD EVANS FUNERAL HOME	
	Code: CORONER REL TO FH				
	Tag Number:	29840			
	Expected Return Date:				
	Remarks:				

Vehicles

No. / Role	Vehicle Type	Year / Make	Model	Color	License Plate / State

CORONER REPORT

REPORTABLE CRITERIA:

HOMICIDE ASSAULT IN-CUSTODY.

DATE/TIME REPORTED:

09/20/2015 @ 1426 HOURS.

INVESTIGATING AGENCY:

MERCED COUNTY SHERIFF DEPARTMENT. DETECTIVE LANDRUM. MCSO CASE NUMBER 15-17995.

NARRATIVE:

ON 09/20/2015 I WAS CONTACTED BY THE STANISLAUS COUNTY CORONER'S OFFICE REGARDING A DEATH AT MEMORIAL HOSPITAL MODESTO OF AN ASSAULT VICTIM TRANSPORTED FROM THE MERCED COUNTY JAIL ON 09/19/2015.

THE DONOR NETWORK WAS CALLING STANISLAUS COUNTY TO HAVE ORGAN DONATION AUTHORIZED AS HE WAS DECLARED BRAIN DEAD AND STILL ON A VENTILATOR FOR ORGAN DONATION. AT THIS TIME I REQUESTED A TRANSFER OF JURISDICTION COUNTY FOR THIS CASE. I THEN NOTIFIED DET. LANDRUM OF THE TRANSFER OF JURISDICTION.

DET. LANDRUM PROVIDED THE FOLLOWING INFORMATION: THE DECEDED IDENTIFIED AS, ALEJANDRO VEGA, WAS A VICTIM OF AN ASSAULT THAT OCCURRED AT THE JAIL IN BLOCK 4, CELL3. ALEJANDRO APPEARED TO HAVE HEAD TRAUMA. HE WAS EVALUATED BY THE JAIL NURSE WHO INDICATED THAT HE NEEDED TO BE TRANSPORTED BY MEDI-FLIGHT TO MEMORIAL HOSPITAL AS SHE BELIEVED THAT THE INJURIES WERE LIFE THREATENING. HE WAS TRANSPORTED TO MEMORIAL. ALEJANDRO WAS TAKEN INTO SURGERY FOR AN EMERGENT CRANIECTOMY FOR EVACUATION OF SUBDURAL HEMATOMA. POSTOPERATIVELY THE DECEDED SHOWED NO BRAIN FUNCTION. ON 09/20/2015 AT 1000 THE DECEDED WAS DECLARED BRAIN DEAD BY DR. CIMINO. HE WAS STILL ON A VENTILATOR FOR ORGAN DONATION. THE DECEDED'S FAMILY WAS PRESENT AND NOTIFIED OF THE DEATH.

I DISCUSSED THE CASE WITH DR. SUPER REGARDING AUTHORIZATION OF ORGAN DONATION. HE AGREED TO AUTHORIZE ORGAN DONATION. I CONTACTED MEMORIAL HOSPITAL AND THE DONOR NETWORK TO ARRANGE ORGAN DONATION AND TO MAKE ARRANGEMENT TO RECEIVE THE DECEDED UPON COMPLETION.

ORGAN DONATION WAS PERFORMED ON 09/23/2015 AT APPROXIMATELY 0200 HOURS. THE DECEDED WAS TRANSPORTED FROM MEMORIAL HOSPITAL TO THE CORONER FACILITY BY ME ON THIS DATE AT APPROXIMATELY 1130 HOURS.

DOCTOR CERTIFYING CAUSE OF DEATH:

DR. SUPER.

CAUSE OF DEATH:

ANOXIC / ISCHEMIC ENCEPHALOPATHY – HOURS, BLUNT IMPACT HEAD INJURIES – HOURS. THE MANNER WAS RULED AS A HOMICIDE.

ACTIONS TAKEN:

DECEDED PHOTOGRAPHED. ORGANS DONATED BY CALIFORNIA TRANSPLANT DONOR NETWORK. TRANSPORTED FROM MEMORIAL MEDICAL CENTER – MODESTO TO THE CORONER FACILITY. AUTOPSY PERFORMED BY DR. SUPER ON 09/23/2015 AT 1337 HOURS. RELEASED TO STRATFORD EVANS AS AUTHORIZED BY HIS MOTHER. MEDICAL RECORDS OBTAINED AND REVIEWED.

SUPPORTING CASE DOCUMENTATION:

COPIES OF AUTOPSY REPORT, DEATH CERTIFICATE SAVED TO DOCUMENTS SECTION OF CASE FILE.

CASE STATUS:

CLOSED

MORTON 5730/09-28-15 MM

*****APPROVED BY SGT LEDFORD *****